2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # A95000001965

1. Entity Name
SHINGLE CREEK LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
P.O. BOX 568367 ORLANDO, FL 32856	P.O. BOX 568367 ORLANDO, FL 32856

03102006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3345850 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARUSO, PHYLIS P 102 W. PINELOCH AVE, SUITE 10 ORLANDO, FL 32806	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	CARUSO, PHYLIS P	CITY-ST-ZIP	
STREET ADDRESS	2628 LAKE FOREST DR.		
CITY-ST-ZIP	DELAND, FL 32720		
DOCUMENT #		STREET ADDRESS	
NAME	CARUSO, PHILIP P JR	CITY-ST-ZIP	
STREET ADDRESS	102 W. PINELOCH AVE., STE 10		
CITY-ST-ZIP	ORLANDO, FL 32806		
DOCUMENT #		STREET ADDRESS	U00000515447 04/29/06-80208-015 500.00
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Phyllis P. Caruso PHYLIS P. CARUSO 3-10-06 407-859-3550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #